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CONFIRMATION NO. 8995

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/659,075	<b>FILING OR 371(c) DATE</b> 09/10/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> C03187US N1128.2C4
<b>APPLICANTS</b> John Campbell, Starkville, MI; Charles Fox, Fair Lawn, NJ;				
<b>** CONTINUING DATA *****</b> <i>Verified</i> This application is a CIP of 10/191,265 07/08/2002 ABN				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/03/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 8
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 22920				
<b>TITLE</b> Compound for the amelioration of pseudofolliculitis				
<b>FILING FEE RECEIVED</b> 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	